

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2008

TOTAL AMOUNT OF PAYMENT (\$ 130.00

### Complete If Known

Application Number	10/826,771
Filing Date	April 16, 2004
First Named Inventor	Christopher Cavallaro
Examiner Name	TRIMIEW, RAEANN
Art Unit	3711
Attorney Docket No.	B02-03

### METHOD OF PAYMENT

- ☒ Deposit Account Deposit Account Number: 502309 Deposit Account Name: Acushnet Company  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fee (\$)	Search Fee (\$)	Examination Fee (\$)	Fees Paid (\$)
<input type="checkbox"/> Utility	310	510	210	
<input type="checkbox"/> Design	210	100	130	
<input type="checkbox"/> Reissue	310	510	620	
<input type="checkbox"/> Provisional	210	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	210

Total Claims	Paid TC	Extra Claims	Fee (\$)	Fee Paid (\$)
	- =	0	× 50 =	0

Paid TC = the greater of 20 or highest number of total claims paid for

Independent Claims	Paid IC	Extra Claims	Fee (\$)	Fee Paid (\$)
	- =	0	× 210 =	0

Paid IC = the greater of 3 or highest number of independent claims paid for

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$260 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	(round up to integer)	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	×	260 =	

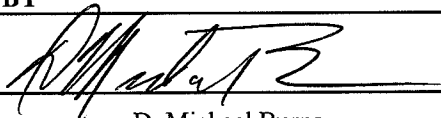
#### 4. OTHER FEES

Statutory Disclaimer \$130

Other:

Fee Paid (\$)  
130

### SUBMITTED BY

Signature		Registration No. 38,400	Telephone 508-979-3563
Name	D. Michael Burns	Date: November 13, 2007	